

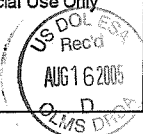
FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

E



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| | |
|---|---|
| 1. File Number U - <u>8520</u> | 2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u> |
| 3. Name and address of person filing. Name <u>FRANCISCO MAGANA</u> P.O. Box, Bldg., Room No., if any Street <u>2120 AUTO CENTER DR</u> City <u>GLENORA</u> State <u>CALIF.</u> ZIP Code + 4 <u>91740</u> | 4. Name, file number, and address of labor organization. Name <u>SHEET METAL WORKERS LOCAL 105</u> Labor Organization File Number <u>542-616</u> P.O. Box, Building and Room Number, if any Street <u>2120 AUTO CENTER DR</u> City <u>GLENORA</u> State <u>CALIF.</u> ZIP Code + 4 <u>91740</u> |
| 5. Position in labor organization. <u>BUSINESS REPRESENTATIVE</u> | |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

| | |
|--|--|
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | |
| 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. |

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Francisco Magana

On

8-4-05

Date

909-305-2800

Telephone Number

Name of Person Filing

FRANCISCO MAGAÑA

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name SHEET METAL WORKERS TRUST FUNDS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. Box 10067

Street

City MANHATTAN BEACH

State CALIF ZIP Code + 4 90267-8567

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

TRUSTEE OF PENSION AND
HEALTH & WELFARE FUNDS

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

1st QUARTERLY MEETING
COST OF REIMBURSEMENT
COST OF REIMBURSEMENT
MEALS PROVIDED

12.b. Amount.

72.76

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

FRANCISCO MAGAÑA

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name SHEET METAL WORKERS TRUST FUNDS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

P.O. Box 10067

Street

City

MANHATTAN BEACH

State

CALIF.

ZIP Code + 4

90467-8567

9. Business deals with:

- ☒ a. Labor Organization
☐ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

TRUSTEE OF PENSION AND
HEALTH & WELFARE FUNDS

11.b. Approximate dollar value of such dealing.

0

12.a. Nature of interest held or income received.

1st QUARTERLY MEETING
COST OF RE-IMBURSEMENT
COST OF RE-IMBURSEMENT
MEALS PROVIDED

12.b. Amount.

54.08

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

Name of Person Filing

FRANCISCO MAGAÑA

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name SHEET METAL WORKER'S TRUST FUNDS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. Box 10067

Street

City MANHATTAN BEACH

State CALIF. ZIP Code + 4 90467-8567

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

TRUSTEE OF PENSION AND
HEALTH & WELFARE FUNDS

11.b. Approximate dollar value of such dealing.

0

12.a. Nature of interest held or income received.

3rd QUARTERLY MEETING
COST OF RE-IMBURSEMENT
MEALS PROVIDED

12.b. Amount.

1058.87

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

FRANCISCO MAGAÑA

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name SHEET METAL WORKER'S TRUST FUNDS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

P.O. Box 10067

Street

City

MANHATTAN BEACH

State

CALIF.

ZIP Code + 4

90267-8567

9. Business deals with:



a. Labor Organization



b. Trust



c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

TRUSTEE OF PENSION AND
HEALTH & WELFARE FUNDS

11.b. Approximate dollar value of such dealing.

0

12.a. Nature of interest held or income received.

QUARTERLY MEETING
COST OF RE-IMBURSEMENT
COST OF RE-IMBURSEMENT
MEALS PROVIDED

12.b. Amount.

105.04

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

Name of Person Filing

FRANCISCO MAGAÑA

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name SHEET METAL WORKER'S TRUST FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

P.O. Box 10067

Street

City

MANHATTAN BEACH

State

CALIF.

ZIP Code + 4

90267-8367

9. Business deals with:



a. Labor Organization



b. Trust



c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

TRUSTEE OF PENSION AND
HEALTH & WELFARE FUNDS

11.b. Approximate dollar value of such dealing.

0

12.a. Nature of interest held or income received.

INTERNATIONAL FOUNDATION OF
EMPLOYEE BENEFITS PLAN
CONFERENCE
COST OF REIMBURSEMENT

12.b. Amount.

3,208

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer



or Consultant



?

14.b. Amount of payment.

Name of Person Filing

FRANCISCO MAGAÑA

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

SOUTHERN CALIF. SHEET METAL JATC ✓

Trade Name, if any:

SO CAL SHEET METAL JATC

P.O. Box, Bldg., Room No., if any

Street

633 N. BALDWIN PARK BLVD.

City

CITY OF INDUSTRY

State

CALIF

ZIP Code + 4

91746

9. Business deals with:

☒ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

TRUSTEE OF JATC

11.b. Approximate dollar value of such dealing.

0

12.a. Nature of interest held or income received.

COMPLETION CEREMONIES
MEAL PROVIDED
RE-IMBURSEMENT COST

12.b. Amount.

55.05

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

| | |
|---|----------------|
| Name of Person Filing FRANCISCO MAGANA | File Number U- |
|---|----------------|

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

| | |
|--|--|
| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name VICTORY CAPITAL MANAGEMENT</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 19200 Von KARMAN AVE. SUITE 600</p> <p>City IRVINE</p> <p>State CALIF. ZIP Code + 4 92612</p> | <p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name SHEET METAL WORKERS TRUST FUNDS</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any P.O. Box 10067</p> <p>Street _____</p> <p>City MANHATTAN BEACH</p> <p>State CALIF. ZIP Code + 4 90267</p> | <p>11.a. Nature of such dealing.</p> <p>INVESTMENT MANAGER FOR TRUST FUNDS</p> <p>11.b. Approximate dollar value of such dealing. UNKNOWN</p> <p>12.a. Nature of interest held or income received.</p> <p>MEALS PROVIDED</p> <p>12.b. Amount. 225.00</p> |

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

| | |
|---|--|
| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p> | <p>14.a. Nature of payment.</p> <p>_____</p> |
| <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p> | <p>14.b. Amount of payment.</p> <p>_____</p> |